



General

Guideline Title

Best evidence statement (BEST). The speech-language pathologist's role in early intervention for children, ages birth-to-three years, with speech-language disorders.

Bibliographic Source(s)

Cincinnati Children's Hospital Medical Center. Best evidence statement (BEST). The speech-language pathologist's role in early intervention for children, ages birth-to-three years, with speech-language disorders. Cincinnati (OH): Cincinnati Children's Hospital Medical Center; 2012 Sep 5. 5 p. [6 references]

Guideline Status

This is the current release of the guideline.

Recommendations

Major Recommendations

Definitions for the level of recommendation ("strongly recommended", "recommended", no recommendation made) and the quality of the evidence (1a-5b) and are presented at the end of the "Major Recommendations" field.

It is recommended that speech-language intervention services facilitated by speech-language pathologists (SLPs) be provided for young children with primary speech and language delay/disorder/impairments, to improve language, learning and communication skills (Schooling, Venediktov, & Leech, 2010 [1b]; Paul & Roth, 2011 [5a]; Local Consensus [5]).

Note: The Individuals with Disabilities Education Act (IDEA) suggests that early intervention will "expand opportunities for children under 3 years of age who would be at risk of having substantial developmental delay if they did not receive early intervention services" (Individuals with Disabilities Education Act [IDEA], 2004; SEC 631[5a]).

Definitions:

Table of Evidence Levels

Quality Level	Definition
1a† or 1b†	Systematic review, meta-analysis, or meta-synthesis of multiple studies
2a or 2b	Best study design for domain
3a or 3b	Fair study design for domain

4a or 4b Quality Level	Weak study design for domain
5a or 5b	General review, expert opinion, case report, consensus report, or guideline
5	Local Consensus

†a = good quality study; b = lesser quality study

Table of Recommendation Strength

Strength	Definition
It is strongly recommended that... It is strongly recommended that... not...	There is consensus that benefits clearly outweigh risks and burdens (or visa-versa for negative recommendations).
It is recommended that... It is recommended that... not...	There is consensus that benefits are closely balanced with risks and burdens.
There is insufficient evidence and a lack of consensus to make a recommendation...	

Note: See the original guideline document for the dimensions used for judging the strength of the recommendation.

Clinical Algorithm(s)

None provided

Scope

Disease/Condition(s)

Primary speech and language delay/disorder/impairment

Guideline Category

Management

Treatment

Clinical Specialty

Family Practice

Pediatrics

Speech-Language Pathology

Intended Users

Advanced Practice Nurses

Nurses

Physician Assistants

Physicians

Speech-Language Pathologists

Guideline Objective(s)

To evaluate, in children birth-to-three years with primary speech-language disorders, if receiving early intervention (EI) services facilitated by speech-language pathologists (SLPs) compared to a wait and see approach (not receiving services) results in improved communication skills as shown through formal speech and language test results

Target Population

Children, ages birth-to-three years, with a diagnosed primary speech and language delay/disorder/impairment

Note: Children older than 36 months, children in specialty populations such as (but not limited to) autism, developmental delay, Down syndrome, English as second language, hearing impairment are excluded.

Interventions and Practices Considered

Speech-language intervention services facilitated by speech-language pathologists (SLPs)

Major Outcomes Considered

- Communication skills as shown through formal speech and language test results
- Improved functional communication. Specifically, using speech and language skills such as vocabulary, articulation/speech production skills and grammar to initiate conversations, make requests, and participate in turn-taking
- Other measures including mean length utterance, vocabulary scores, grammatical markers, speech sound production, speech intelligibility, and pragmatics

Methodology

Methods Used to Collect/Select the Evidence

Searches of Electronic Databases

Description of Methods Used to Collect/Select the Evidence

Search Strategy

Search 1

- Date Range: January, 2005 to December, 2011
- Keywords: Early intervention, speech, language, therapy, developmental delay, speech therapy and language therapy.
- Limits: English, 0 to 36 months
- Databases: American Speech-Language Hearing Association Database, Medline, Cochrane Library, and CINAHL.

Search 2

A search was completed of governing bodies and position statements:

- American Speech-Language Hearing Association, Retrieved February 7, 2012, from www.asha.org .

- Individuals with Disabilities Education Act Amendments (PL 108-446). (2004). Retrieved February 7, 2012, from <http://idea.ed.gov/part-c/statutes> .

Number of Source Documents

Not stated

Methods Used to Assess the Quality and Strength of the Evidence

Weighting According to a Rating Scheme (Scheme Given)

Rating Scheme for the Strength of the Evidence

Table of Evidence Levels

Quality Level	Definition
1a† or 1b†	Systematic review, meta-analysis, or meta-synthesis of multiple studies
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3a or 3b	Fair study design for domain
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Methods Used to Analyze the Evidence

Systematic Review

Description of the Methods Used to Analyze the Evidence

Not stated

Methods Used to Formulate the Recommendations

Expert Consensus

Description of Methods Used to Formulate the Recommendations

Not stated

Rating Scheme for the Strength of the Recommendations

Table of Recommendation Strength

Strength	Definition

Strength It is strongly recommended that... not...	Definition There is consensus that benefits clearly outweigh risks and burdens (or visa-versa for negative recommendations).
It is recommended that... It is recommended that... not...	There is consensus that benefits are closely balanced with risks and burdens.
There is insufficient evidence and a lack of consensus to make a recommendation...	

Note: See the original guideline document for the dimensions used for judging the strength of the recommendation.

Cost Analysis

A formal cost analysis was not performed and published cost analyses were not reviewed.

Method of Guideline Validation

Peer Review

Description of Method of Guideline Validation

This Best Evidence Statement has been reviewed against quality criteria by 2 independent reviewers from the Cincinnati Children's Hospital Medical Center (CCHMC) Evidence Collaboration.

Evidence Supporting the Recommendations

References Supporting the Recommendations

Individuals with Disabilities Education Act Amendments (PL 108-446). 2004.

Paul D, Roth FP. Guiding principles and clinical applications for speech-language pathology practice in early intervention. Lang Speech Hear Serv Sch. 2011 Jul;42(3):320-30. [PubMed](#)

Schooling T, Venediktov R, Leech H. Evidence based systematic review: effects of service delivery on the speech and language skills of children from birth to 5 years of age. ASHA's National Center for Evidence Based Practice in Communication Disorders; 2010. 230 p.

Type of Evidence Supporting the Recommendations

The type of supporting evidence is identified and graded for each recommendation (see the "Major Recommendations" field).

Benefits/Harms of Implementing the Guideline Recommendations

Potential Benefits

Improved communication skills as shown through formal speech and language test results

Potential Harms

Not stated

Qualifying Statements

Qualifying Statements

This Best Evidence Statement addresses only key points of care for the target population; it is not intended to be a comprehensive practice guideline. These recommendations result from review of literature and practices current at the time of their formulation. This Best Evidence Statement does not preclude using care modalities proven efficacious in studies published subsequent to the current revision of this document. This document is not intended to impose standards of care preventing selective variances from the recommendations to meet the specific and unique requirements of individual patients. Adherence to this Statement is voluntary. The clinician in light of the individual circumstances presented by the patient must make the ultimate judgment regarding the priority of any specific procedure.

Implementation of the Guideline

Description of Implementation Strategy

An implementation strategy was not provided.

Implementation Tools

Audit Criteria/Indicators

For information about availability, see the *Availability of Companion Documents* and *Patient Resources* fields below.

Institute of Medicine (IOM) National Healthcare Quality Report Categories

IOM Care Need

Getting Better

Staying Healthy

IOM Domain

Effectiveness

Identifying Information and Availability

Bibliographic Source(s)

Cincinnati Children's Hospital Medical Center. Best evidence statement (BEST). The speech-language pathologist's role in early intervention for children, ages birth-to-three years, with speech-language disorders. Cincinnati (OH): Cincinnati Children's Hospital Medical Center; 2012 Sep

Adaptation

Not applicable: The guideline was not adapted from another source.

Date Released

2012 Sept 5

Guideline Developer(s)

Cincinnati Children's Hospital Medical Center - Hospital/Medical Center

Source(s) of Funding

Cincinnati Children's Hospital Medical Center

Guideline Committee

Not stated

Composition of Group That Authored the Guideline

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Financial Disclosures/Conflicts of Interest

No financial conflicts of interest were found.

Guideline Status

This is the current release of the guideline.

Guideline Availability

Electronic copies: Available from the [Cincinnati Children's Hospital Medical Center Web site](#) .

Print copies: For information regarding the full-text guideline, print copies, or evidence-based practice support services contact the Cincinnati Children's Hospital Medical Center Health James M. Anderson Center for Health Systems Excellence at EBDMInfo@cchmc.org.

Availability of Companion Documents

The following are available:

- Judging the strength of a recommendation. Cincinnati (OH): Cincinnati Children's Hospital Medical Center; 2008 Jan. 1 p. Available from the [Cincinnati Children's Hospital Medical Center Web site](#) .
- Grading a body of evidence to answer a clinical question. Cincinnati (OH): Cincinnati Children's Hospital Medical Center; 1 p. Available from the [Cincinnati Children's Hospital Medical Center Web site](#) .
- Table of evidence levels. Cincinnati (OH): Cincinnati Children's Hospital Medical Center; 2008 Feb 29. 1 p. Available from the [Cincinnati Children's Hospital Medical Center Web site](#) .

Print copies: For information regarding the full-text guideline, print copies, or evidence-based practice support services contact the Cincinnati Children's Hospital Medical Center Health James M. Anderson Center for Health Systems Excellence at EBDMInfo@cchmc.org.

In addition, suggested process or outcome measures are available in the [original guideline document](#) .

Patient Resources

None available

NGC Status

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